



Department of Health

Alberton Community Hospital Annual Report

Annual Report 2006 - 2007



Together... a healthy future
Ensemble... pour un avenir en sante

Western Hospital

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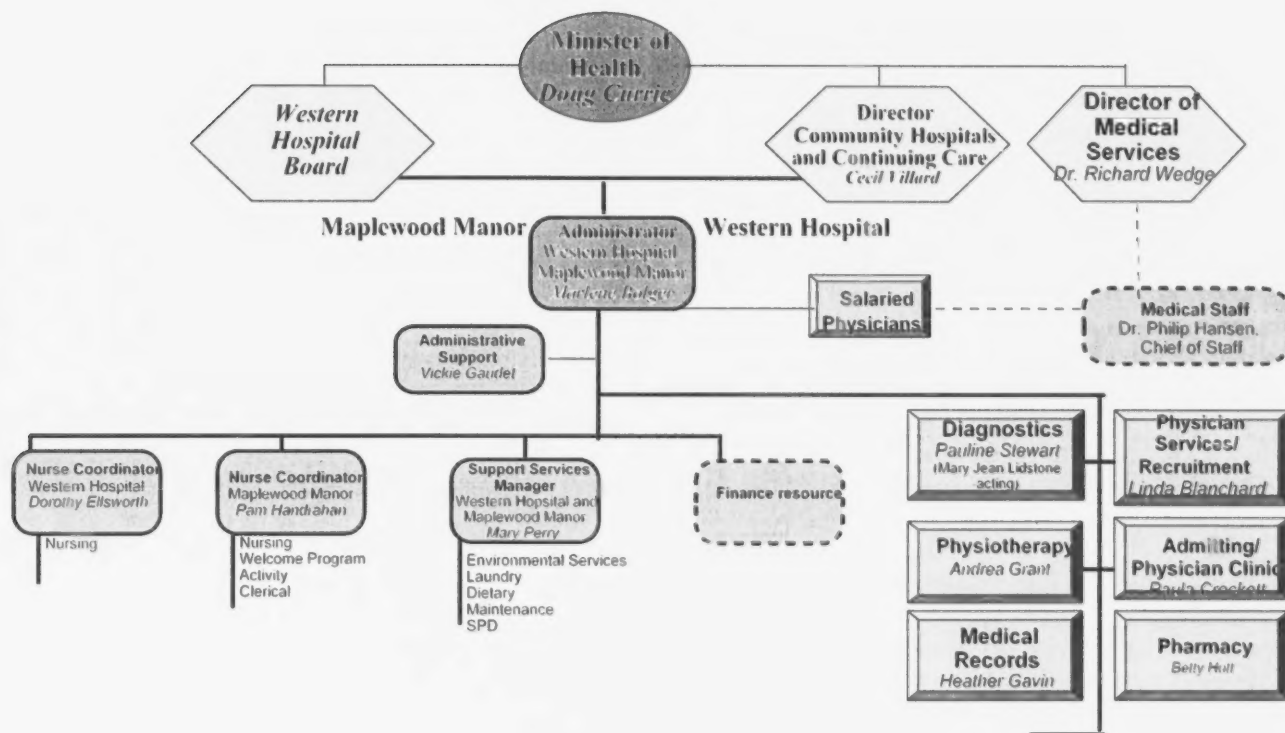
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COMMUNITY HOSPITALS AND CONTINUING CARE - ALBERTON

Organizational Chart



ALBERTON COMMUNITY HOSPITAL AUTHORITY
BOARD OF DIRECTORS

Colleen Handrahan, Chairperson
Phyllis Porter, Vice Chair
Claude Dorgan
Donna Crocker
David Cahill

SENIOR MANAGEMENT

Marlene Bolger
Administrator

Mary Perry
Support Services Manager

Dorothy Ellsworth,
Nurse Co-ordinator

Mission

To provide a quality sustainable health care facility, by having a well-trained team of health care providers working together with our community at large.

Vision

The vision of Western Hospital is to inspire and support the people of our community to achieve optimal health.

Motto

“Better Health for All Our Community Residents”

Values

- ▶ We are committed to govern with accountability, foresight, and stewardship on behalf of our community of West Prince. As corporate citizens, we believe in partnership and we value diversity and group process.
- ▶ We empower our staff to deliver services that are outcomes based, with practices that show respect for others confidentiality, dignity, privacy and personal safety.
- ▶ We treat staff with respect and fairness and we value competence and continuous development, communication and openness.
- ▶ We believe in the delivery of services in a manner that shows prudence ethics and the avoidance of risk.

Board Goals

- ▶ People will have timely access to emergency and acute care services, provided in a safe and respectful environment.
- ▶ Communities will work together to support health care delivery.
- ▶ People will have information and support to make healthier choices for themselves and their families.
- ▶ Staff work in a healthy environment that promotes life long learning and well-being.

Minister's Responsibilities

- **The Minister has ultimate authority for the Community Hospital Authorities and the Community Hospital Authority only has the authority delegated to them under the Act.**
- **The Minister will:**
 - **Establish annual performance targets with respect to:**
 - **Its development as an organization;**
 - **Its financial management;**
 - **Ensuring access to approved health services provided by the CHA;**
 - **Achieving satisfactory patient outcomes;**
 - **The level of patient satisfaction with the approved health services and**
 - **any other matters prescribed by the regulations.**
 - **Approve by-laws or policies of the CHA**
 - **Appoint the Administrator after consultation with the Board.**

Board Responsibilities

- **Accountable to the Minister**
- **Responsible for the operation and management of the community hospital**
- **Meets the regulations of the CHA Act and Hospitals Act**
- **Identifies and prioritizes the health services needs of the community**
- **Prepares an annual business plan and holds a public annual meeting**

Western Hospital Permanent Staff Complement

(All are reported as FTEs - Full time Equivalents)

Admitting/Administration:	4.19
Medical Records	1.4
Physiotherapy	1.0
Pharmacy	
Pharmacist	0.5
Pharmacy Tech	0.2
Diagnostics	
Diagnostics Manager	0.5 (on leave)
Laboratory	1.5
X-Ray	1.5
Nursing	
Nurse Coordinator	1.0
RN	15.2
LPN	8.2
Ward Clerk	1.0
Clerk (Scheduler)	0.4
Support Services	
Housekeeping	4.0
Laundry	1.0
Maintenance	2.0
Nutrition	5.9
CSR	0.5
Physician Clinic	
Medical Secretary	1.0
Total Western Hospital Complement:	50.99 FTEs
Physician Compliment	5.0 (2 vacancies – 1 filled by locum)
Management (for both Western Hospital and Maplewood Manor)	
Administrator	1.0
Administrative Assistant	1.0
Support Services Manager	1.0
Nurse Co-ordinator for Western Hospital	1.0 noted above
Nurse Coordinator for Maplewood	1.0

Annual Report of the Alberton Community Hospital Authority Board

As chairperson of the Western Hospital Board, I am pleased to present this annual report for the year ending March 31, 2007. Our board held regular monthly meetings as well as other meetings as required and we have agreed to continue to fulfill this need until government holds public elections for these positions.

We continue to work together with other hospital boards, rural boards in particular, on similar issues. As an example, we met jointly on the weekend of September 15-16 at the Rodd Mill River for a Board Governance Workshop. Topics discussed included mission and goals, board effectiveness, health priorities, business planning and risk management to name a few. We also met jointly with Community Hospital O'Leary and Stewart Memorial on common issues. These other two facilities face similar issues of staff recruitment and retention.

The Recruitment Committee was continuing to meet monthly with regards to physician and nurse recruitment. Our situation was stabilized early this fall and we decided to only meet as needed. However, this stabilization was short lived with the pending resignation of Dr. Matsusaki and Dr. Al-Kayssi. We will yet again continue to meet to deal with issues of staff recruitment as a community at large. Many thanks to the following for their efforts on this committee: Krystyna Pottier, Phyllis Porter, Dr. Phillip Hansen, Beverly Ashley, Linda Blanchard, Hector MacLeod, Alan Curtis, Brenda Doyle, Sharon Handrahan, and Marlene Bolger.

In addition to their regular responsibilities, there has been a lot of extra work done by the management and other staff this past year with regards to accreditation. It was certainly a new experience for most of the board members. Considering staff shortages, etc., the hospital received an excellent review from the surveyors. I would like to take this opportunity to publicly thank all of them for their continued dedication to their chosen profession and hope that any new staff are able to follow in their footsteps, so that our community will continue to benefit from local health care services.

We would like to thank the Western Hospital Foundation and the Western Hospital Healthcare Auxiliary for their continued support with regards to hospital equipment, etc. We also want to thank the West Prince Pastoral Care Committee for their dedication to caring for the sick in our area.

It is obvious to us that the health care situation particularly in our rural areas, is a very precarious one. One hospital centrally located would have gone a long way in stabilizing health care for our area. While we continue to support the activities of this institution and will continue to work with the management team to keep this facility viable as a health entity for as long as we can, we are disappointed with the decision by government to put the one hospital concept on hold. There

was a glimmer of hope that they will choose to proceed with the new facility when they gave us the opportunity to finish the Master Program. This will be presented to the Minister in December. In closing, I would like to thank fellow board members, Phyllis Porter, Donna Crocker, David Cahill, Claude Dorgan for their continued involvement as directors and a special thank you to our administrator, Marlene Bolger and her assistant Vickie Gaudet for all the excellent work done this past year. Your dedication, as well as that of the other staff, to our institution certainly does not go unnoticed.

Respectfully submitted,
Colleen Handrahan
Board Chair

ADMINISTRATORS REPORT

As administrator of Western Hospital I wish to submit the following report for the year ending March 31, 2007.

The year 2005-06 was one of major change as when all the health regions were disbanded and all health services were brought under the Department of Health. The five community hospitals, under the direction of the new Community Hospitals Authority Act, saw the creation of a board for each of the five community hospitals. If 2005-06 is to be described as a year of disbandment, loss and change, then 2006-07 can be described as one of regrouping, rebuilding, learning and discovery of new opportunities.

Change can be difficult but it can also be re-invigorating to an organization as roles change and new staff bring forth new ideas. With the restructuring came greater opportunities to work with the other community hospitals across the province and to work more closely with the departmental staff. Cecil Villard, the Director of Community Hospitals and Continuing Care has supported our efforts to provide quality acute care services to the residents of our communities.

The Board continues to provide committed guidance and direction and I wish to thank Colleen Handrahan, Board Chair, and all the other board members for their tireless efforts and support over the past year.

In the fall of 2006, the Board conducted a Community Needs Assessment with input from community members and staff. Five key issues were identified: addictions and mental health; shortage and recruitment of family physicians and other health care professionals; the need to improve, maintain and have better access to services; lack of continuity of care; and (health) education.

This was followed by the completion of the Strategic Plan which established the direction of the hospital for the next three years and as well as the Business Plan for the following year.

During the past year, significant changes were made to merge or integrate financial, human resource, payroll, and information management systems as the move from regional authorities to an integrated health system under the Dept. of Health was begun. Some of these changes, such as the new payroll system, has significantly impacted in the workload of staff.

Although these processes and systems are important to the running of any government department there are three key component to the delivery of quality acute care services. These are having a well maintained facility with adequate space and equipment; quality programs and services delivered in a safe, efficient, effective, confidential manner; and most importantly having enough, well trained and committed staff who feel supported and valued in the workplace.

In addition to the routine maintenance of the hospital we were very pleased that capital funding was made available to repair the roof section over the older brick part of the hospital and I am pleased to say that we have just gotten approval to repair the final section.

In the spring of 2006 the smoking area was relocate. This was done to minimize the risk to patients

and visitors who were previously having to cross the driveway to access the designated smoking area. In addition to safer access, the new area is better received by those wishing to smoke and has all but eliminated the problem of people smoking in non designated areas such as at the front door.

Renovation were completed in the lab to improve the work flow and safety.

In March 2006 Mental Health and Addictions staff who had been housed in the St. Martha's Healthy Living Centre had to suddenly leave the building due to environmental issues. We managed to make some space available for them to use on a temporary basis while they secured new office space.

The Western Hospital Foundation and the Western Hospital Healthcare Auxiliary continue to be strong supporters of the hospital. The Foundation purchased a new heart monitoring system and committed to the purchase of a new ECG machine. The Auxiliary is very active and have provided for the purchase of many items during the past year including the purchase of a Wandering Patient System for which they had carried out a very successful public campaign to raise the necessary funds.

On behalf of the Board and Staff, I would like to thank both the Foundation and the Auxiliary for their on-going support in meeting the equipment needs of the hospital. A testament to this commitment is the fact that the Auxiliary celebrated their 60th Anniversary this past year.

Following the announcement in the fall of 2005 that the government would embark on a community consultation process regarding the concept of a single hospital for West Prince, a committee was struck to conduct and report on the views of the people of West Prince. Several staff and the Board Chair participated and several meetings were held in various communities as well as with hospital staff and other stakeholder groups.

In the fall of 2006 it was announcement that a new single facility would be built. Reaction from staff generally seems to be one of excitement regarding the possibilities and many have expressed the desire that they be consulted regarding the design and services. The committee to complete the Role Study and Master Program was struck and included and/or consulted with several staff from Western Hospital. The Role Study and Master Program has since been completed and will soon be presented to government although the plans have now been put on hold.

In June '06 a walk-in clinic model was introduced in the physician clinic to provide access to medical care for those with non-ER needs but who do not have access to a family physician. This model has been successful in alleviating the demand on the ER and provided patients access to medical care but does not replace the need for more timely access to a family physician to better ensure continuity of patient care.

To support the expanded delivery of service in the physician clinic, additional staff were added and changes were made to the waiting room and office space.

The Clinical Information System which is an electronic health record is moving ahead but there have been several delays in the implementation. A computer lab was set up and staff are being trained in the use of the new system. Staff look forward to the time when it will be fully operational as it will have a positive impact on patient care and give staff more timely access to patient information.

Maintaining a full complement of physicians and other health care professionals continues to be a challenge. With the resignation of Dr. Ahmed Elmezughi in March of 2006 we began actively recruiting to fill the 5th physician position. Many contacts, review of CV's and site visits occurred, but with no success as all potential applicants were either not licensable with the PEI College of Physicians and Surgeon or they chose to go elsewhere to practice. An information booklet with information and pictures about the hospital and Alberton was developed and were distributed to any potential physicians and other health care professionals. The Physician and Recruitment Committee continued to support the recruitment efforts. A house was rented for use by the locum physician and the town of Alberton, village of Tignish and the Foundation together agree to assist with the cost if necessary.

Several locums provided short periods of time including Dr. Elmezughi, Dr. Bajelan, Dr. David, Dr. Hanna, Dr. Kamel.

Nursing shortage continues to be a problem but the reinstatement of the RN sponsorship program in the spring of 2006 was good news. At that time, we had two new BscN grads join our staff under this program and five students indicated a desire to return to Western to work under the sponsorship program in 2007. This greatly supports our nursing recruitment needs.

Several other services have staffing challenges and additional staffing needs were identified in the business plan. These included additional staff in lab and x-ray, physiotherapy, CSR, physician clinic, nursing, and ward clerk as well as the need for an Infection Control nurse.

It is important that we do everything possible to be an "employer of choice" to both recruit and retain staff. As well, we are very fortunate to have a wonderful staff who support each other in many ways. Some activities of the past year that strive to achieve this goals included the following:

- A wellness workshop "Worklife Balance" was developed by the joint employer/employee committee for Health West and was offered to all staff; as well, all staff were invited to participate in a wellness workshop at Maplewood Manor.
- A Staff Satisfaction Survey was developed provincially and distributed in November to all Department of Health staff for completion. The results were tabulated and analyzed over the spring and we are currently looking at ways to address the identified issues.
- All staff are recognized on their work anniversary dates and once a year, in the spring, a special staff recognition gathering is held for all staff. During this event those reaching special milestones are presented with special gifts.
- Staff social events allows staff an opportunity to get to know each other in a personal way that also helps promote and support a sense of belonging and teamwork. Staff enjoyed the annual golf tournament in October and a joint Christmas dinner and dance with other health care staff in West Prince.

- Staff put on a wonderful variety show at Westisle last November. It was a great team builder and moral booster with many staff and physicians participating. It was a huge success with the community and raised over \$4,000 that was used for the purchase of a new blood collection chair for the lab.
- Over the past year we welcomed several new staff and said goodbye to others including Sharon O'Meara and Sheryl O'Meara who retired.

In the past year there were many activities that focused on the provision of quality services. These include:

- A plan was being implemented to have all ceiling lifts inspected as per WCB and OH&S requirements.
- Pandemic planning is progressing. Essential services have been identified and decisions made regarding the location of specific services in the event a flu pandemic occurs.
- Over the past year the quality teams completed the self assessment in preparation for the accreditation survey visit in Sept /07
- Results Measurement staff are developing a new patient satisfaction survey and other indicators to measure our successes and areas to improve.
- Nursing are working toward the introduction of TLR to the Western Hospital
- Building security became an even greater concern in the fall of 06 and private security was hired for 12 hrs/day. A long term security plan has been included in the business plan and it is expected that some level of security will be maintained.

This past year has been both difficult and exciting. We've experienced losses but also new beginnings. In the annual report for next year we will be excited to discuss improvements in the physician clinic, palliative care and well as changes we supports in the dialysis program as well as successes in physician recruitment.

I wish to thank all the staff of Western Hospital and a special thanks to Dorothy Ellsworth, Nursing Coordinator and Mary Perry, Support Services Manager who work tirelessly to ensure the patients receive the best possible care. Thank you to Vickie Gaudet, for all her assistance in making the administration office run smoothly and also to Pam Handrahan, nursing coordinator for Maplewood Manor. Although Maplewood Manor is not under the Board, it is part of the our management structure for Community Hospitals and Continuing Care - Alberion and play an integral role to providing care to our seniors. Special thank you to Judy Adams and Bev Ashley who over the past few months has supported the management of the nursing department. Again also a special thank you to the Board for their on-going support and encouragement.

Respectfully submitted,
Marlene Bolger
Administrator

ACUTE CARE - WESTERN HOSPITAL

April 1, 2006 to March 31, 2007

The nursing department at Western Hospital continue to provide acute care services on a twenty-four hour basis. This includes an Emergency department, 25 Acute care beds and 2 Palliative care beds. Although times are often challenging, nursing staff have greeted each challenge with enthusiasm and a winning attitude.

We have added to our compliment of staff with 5 new RN graduates and 1 RN who moved from USA to PEI. Each of these nurses were mentored by competent, experienced RN's for several months. We still face scheduling challenges in requiring at least 2 senior RN's working per shift. Time brings experience and all of our junior RN's are making great progress.

We always enjoy having nursing students at our facility over the summer months as it gives them great exposure to rural nursing and goes a long way with recruitment. This past summer we has 5 BscN students who helped lessen the workload at Western Hospital.

Education and Training continue to be of utmost importance in our facility to ensure ongoing quality patient care. We support staff by enabling them to take part in workshops, various committees across the province and provide every opportunity to bring education sessions to our facility.

During the past year, staff have participated in the following education/ training sessions:

- Adult CTAS and Pediatric CTAS (National program recommended by the Canadian Association of Emergency Physicians + NENA for all nurses doing triage in ER).
- CPR Certification
- Pandemic planning
- Fit testing for Respiratory masks
- PEI Competency program for LPN's
- Trauma/ Cardiac update
- Fire Panel Inservice
- Annual equipment review
- Fire Drill with Evacuation
- Basic Cardiac Dysrhythmia Course
- Web Based Training for Cerner Project
- TLR training
- Infection Control
- ACLS
- Protection of Personal Information

Perhaps our greatest endeavor of the past year has been the participation in the Accreditation process. Through the willingness and insight of many staff and our Administrator, the process flowed well and the outcome was very favorable. The participation is two-fold as it not only gives us an opportunity to shine and boast of our services but it provides us with the chance to learn national guidelines for challenging issues such as Patient Safety and Infection Control.

We are grateful to Management for recognizing problems with staff and client safety and implementing security at Western Hospital. As a staff, it provides reassurance during difficult situations.

In May, we began Medication Reconciliation. It is part of a national campaign called Safer Healthcare Now, which supports Canadian Healthcare organizations to improve patient safety. The process consists of creating the most complete and accurate list (BPMH) of all home medication for every patient. This list remains on the patients chart and 10 charts are audited monthly and the data is entered in the national bank. We then receive feedback on our progress and use it to improve as we move forward.

I would like to acknowledge Beverly Ashley, RN; Arlene Perry, RN; and Darlene Getson, RN who assist me with staff training; Candice Rochford, RN BScN; Suzanne Matthews, RN; Darlene Getson, RN; Stephanie Ellsworth, LPN and Crystal Reilly, ward clerk who provide training for electronic health records (Cerner Project); Joyce Jones, LPN who participated in the provincial Musculoskeletal program and to all who participated and are active in various committees. Your dedication provides valuable resources to our team.

The generosity of the Board, Foundation and Auxiliary cannot be overlooked. Your commitment and support continue to ensure the ongoing operations of our facility.

I would like to thank the physicians for their ongoing support for Acute Care Services at Western Hospital.

A special "Thank You" to all nursing staff for their continued support and dedication. This past summer, many RN's gave up their free time to be "on call" should a problem arise at Western Hospital which might have caused closure of the ER. In the most difficult times, staff have shown true commitment in providing quality Acute Care at Western Hospital.

Respectfully submitted,
Judy Adams, Assistant Head Nurse
on behalf of Dorothy Ellsworth, Nurse Co-ordinator

SUPPORT SERVICES - Western Hospital

March 31, 2006 to March 31, 2007

The services provided by these divisions are: Maintenance, Housekeeping Laundry, CSR, Nutrition Services.

Personally, I would like to thank all the staff for their continued efforts, support and contributions to Maplewood Manor and Western Hospital.

Maintenance

Maintenance personnel are certified in the transportation of Biohazardous waste.

We continue to have a working relationship with PEI Pest Control and the Department of Environment to ensure our buildings meet Provincial Standards. Regular inspections are ongoing for each building and respond to issues as identified.

Annual and regular inspections are in place to ensure all systems and buildings meet provincial building standards and codes.

Maintenance staff maintain the grounds at each facility to ensure a pleasing, safe and clean environment. Given that this type of work can be impacted by weather conditions and limited resources, it is often a challenge for staff to meet their standards. We appreciate every effort staff and others make when they take responsibility for their own personal safety when in or around the properties.

Maintenance staff take a leadership role for fire and safety and are responsible to ensure fire standards are met, ensuring client and staff safety is a high priority. Maintenance schedule and carry out monthly rotating fire drills to ensure day, evening and night staff receive training and exposure to the process.

A successful evacuation involving all staff was carried out this year

The Public/Client Smoking Area was moved to a less dangerous area and the move was embraced by all concerned.

Environmental/Laundry/CSR Services

The staff of Environmental Services take great pride in maintaining a clean, safe, pleasing and aseptic environment for the comfort and safety of all their clients. This team continues to successfully meet or exceed the expectations and standards for Environmental, Laundry and CSR services. Processes are in place and evaluated for all service areas. They are required to have a knowledge of WHMIS, poison control, communication skills and health and safety.

We often hear from others "You could eat off these floors"; "These have got to be the cleanest buildings around".

Environmental services staff are involved in the many aspects of the clients stay and are a key support to those who need help with all the extras around a building; ie moving furniture, setting up offices and meeting rooms, etc.

In the area of central supply we've become more vigilant regarding infection control. We've purchased a new dual-steri sealer and are doing Biological Testing daily.

Support Services maintain and manage the life line service and equipment loan for Western Hospital and areas.

Nutrition & Food Services

Nutrition and Food Services does not just exist to produce "*hospital food*" they prepare and provide "*real*" home style cooking.

This team is tasked to maintain high standards in food preparation service, personal hygiene, safety, etc. They are required to have a knowledge of speciality diets, menu development, health and safety, communication skills, WHMIS and poison control.

Besides meal preparation for clients, they supply food for volunteer functions, meetings, recognition events, palliative care, physicians, med students and list goes on.

Management recognizes the quality service provided by this division and often received positive feedback "excellent staff"; "excellent cooks"; "great food".

Education

Management continues to support opportunities for staff education; however, because of limited resources, we are challenged to find creative ways to respond to all the educational needs.

Conclusion

In closing I want to add that the support staff within these divisions work very well in supporting the operational needs of their facilities. Our challenge and goal for the upcoming year will be to find ways and means to measure our successes and identify inefficiencies.

Respectfully submitted,
Mary Perry
Support Services Manager

Service Utilization Report

WESTERN HOSPITAL					
NPATIENTS	2002-03	2003-04	2004-05	2005-06	2006-07
# of beds in service	25 medical + 2 palliative	25 medical + 2 palliative	25 medical + 2 palliative	25 medical + 2 palliative	25 medical + 2 palliative
# admissions	1,042	978	1,049	965	863
# patient days	6,170	6,140	5,877	6101	6,972
Avg. length of stay	6.1	6.3	8.8	6.3	7.8
Occupancy rate - 25 medical beds	65.8%	65.8%	64.4%	67%	76.4%*
EMERGENCY DEPT					
# visits	9,576	9,617	9,657	12,532	9,942
LABORATORY					
# Patient visits	9,242	9,281	10,090	10,639	12,147
# Tests completed on site	39,437	39,030	45,411	56,241	66,642
# Tests referred out	33,303	33,029	46,425	50,597	45,543
Total Workload units	254,572	264,322	269,455	290,034	315,331
RADIOLOGY					
X-RAY					
# Patient Visits	2,553	2,726	2,744	2,568	2,253
# Procedures	2,883	3,064	3,303	3,106	2,773
ECG					
# procedures	1,648	1,937	2,008	2,094	1946
HOLTER					
# procedures	40	41	21	40	22
Total workload units	NA	NA	NA	99,786	NA
PHYSIOTHERAPY					
# Inpatient Attendances	388	326	285	NA	NA
# Out Patient Attendances	870	600	637	NA	NA
OUT-PATIENT SPECIALIST'S CLINIC					
# patient visits	1,103	1,112	1,195	1,357	1,214

* For 25 medical beds. Considering the summer bed closures, occupancy for the year is actually 81.2% 6.3days to 7.8.

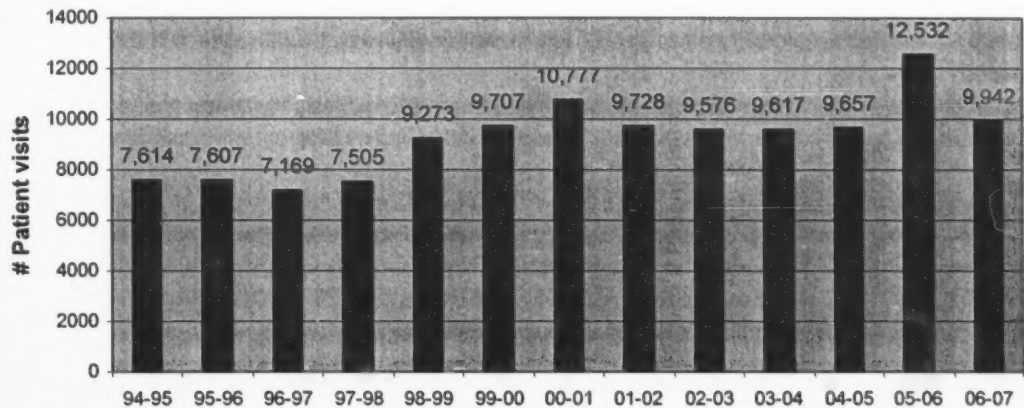
Highlights:

- The total inpatient admissions decreased from 965 to 863. However, the total number of patient days spent in hospital increased 6,101 to 6,972
- The occupancy rate increased from 67% to 76.4% for the 25 medical beds. When adjusted for summer and Christmas bed closures the occupancy would in fact be 81.2%
- The average length of stay increased from 6.3 to 7.8.
- The most frequent diagnosis with the greatest number of patients days were:
 - esoph/gastro/misc digestive disorders
 - arrhythmia
 - simple pneumonia and pleurisy
 - heart failure
 - diabetes
 - depress mood disorder

The average length of stay increased from

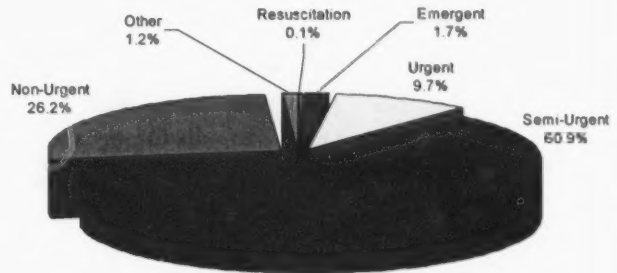
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Western Hospital ER/OPD Visits



- In 2006-07 there were 9,942 ER/Outpatient visits. Although a decrease from the previous year, this represents a return to the level of visits consistent since 2000. The 2005-06 visits was high due to the extra demand on the service prior to and following the death of Dr. Morrissey. With the additional physician resources and the introduction of the walk in clinics, the number of visits to the ER has returned to normal.

ER /OPD Utilization 2006-07 by acuity



- For these 9,942 patient visits, the acuity level was assessed as:
 14 (0.1%) required resuscitation
 173 (1.7%) required emergent care
 963 (9.7%) required urgent care
 6059 (60.9%) were semi-urgent
 2608 (26.2%) were non-urgent
 124 (1.2%) were other
- There were 1,214 patient visits to outpatient specialists clinics.
- The Radiology department service

utilization was similar to the previous year. There were 2,773 x-ray procedures completed for 2,253 patients, 22 Holter monitors, and 1,946 ECGs completed.

- Patient visits to the lab increased by 14% this past year. The number of tests completed on site increased by 18% while the test referred out decreased by 10%. This increase is evident by the significant increase in the workload units for the lab (8.7%).

**Annual Report
of
Western Hospital Foundation**

The Western Hospital Foundation remains committed to purchasing equipment for Western Hospital. This year we paid \$79,396.21 for Heart Monitors and base unit. Monies are still coming in from a fund raising campaign, that we launched four years ago. We had two meetings this year and will be having our annual meeting in December. We have nine board members that faithfully attend the meetings.

Submitted by Jean Cahill
Record Keeper/Secretary

Annual Report of Western Hospital Healthcare Auxiliary

On behalf of the members of the Western Hospital Healthcare Auxiliary, I would like to present our annual report. I took over as president of our Auxiliary in September of this year and we have been quite busy in our efforts to raise money to purchase equipment for the hospital. Since last November, we held a Christmas Basket lottery, a Spring lottery and in this past January we had a request to purchase a Wandering Patient System at a cost of approximately \$14,000.00. Through doing a mail-out to all households within the catchment area, we are successful in raising enough money to purchase this system. The response to this project was wonderful!

We have also recently purchased a Computerized Blood Pressure Monitor system at a cost of \$3,200.00. Some of the other equipment purchased since the last annual meeting are a steri-sealer for CSR, 4 computer chairs, 2 cots and a fax machine.

We have 20 active members with 3 new members joining our Auxiliary. We were sorry to see one of our life-time members, Lona Crane, leave our Auxiliary recently, as she has moved to Summerside. She will be very much missed.

We still operate a used clothing store, The Bargain Nook, which generates a great deal of money for our Auxiliary. It is primarily run by volunteers, many of which are not even members of our Auxiliary.

We just finished up a lottery on \$1,000.00 cash in which we made approximately \$2,000.00 profit.

From now until Christmas we will be selling tickets on a basket full of everything you need for a Christmas dinner. Again this year, we will be giving out a scholarship of \$500.00 to a student in our catchment area, who is enrolled in their second year of university in a health related field.

As we continue to strive to raise money to help purchase much-needed equipment for the hospital, I want to thank the executive and members of the Western Hospital Healthcare Auxiliary for their support.

Respectfully submitted,
Norma Getson, President
Western Hospital Healthcare Auxiliary

Financial Report

An audited financial statement is not available for the 2006-07 year at this time.